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PTO/SB/50 (02-01)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	98706R
First Named Inventor	FLOYD
Original Patent Number	6,002,507
Original Patent Issue Date (Month/Day/Year)	12/14/99
Express Mail Label No.	

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB 56)
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- ☒ Power of Attorney
- Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
- ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
- Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- ☒ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
- ☐ Original U.S. Patent for surrender
 - ☐ Ribbonded Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
- ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS
Citations
- ☐ English Translation of Reissue Oath/Declaration
(if applicable)
- ☒ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
- Other: Item 10 is included in the Preliminary Amendment

18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Patent Documentation Center				
Address	Xerox Corporation, 100 Clinton Ave. S., Xerox Square-20A				
			Zip Code	14644	
City	Rochester	State	NY	Fax	585-423-5240
Country	USA	Telephone	585-423-4299		

NAME (Print/Type)	David E. Henn	Registration No. (Attorney/Agent)	37,546
Signature		Date	12/13/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional) 98706R

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 20	Total Claims (37 CFR 1.16(i))	(B) 36	**** 16 =	x \$ _____ =	or	x \$ 18 =	288.00
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 4	* 1 =	x \$ _____ =		x \$ 84 =	84.00
Basic Fee (37 CFR 1.16(h)) \$ _____							\$740.00
Total Filing Fee \$ _____						OR	\$1028.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____						OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 24-0025 in the amount of \$1028.00.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 24-0025.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

12/13/01

Date

Signature of Applicant, Attorney or Agent of Record

David E. Henn

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Philip D. Floyd, *et al.*

Name of Assignee: Xerox Corporation

U.S. Patent No.: 6,002,507

Issued: 12/14/1999

Title: METHOD AND APPARATUS FOR AN INTEGRATED LASER BEAM SCANNER

Commissioner for Patents
Washington, D.C. 20231

CONSENT OF ASSIGNEE UNDER 37 C.F.R. § 1.172 AND
PROOF OF OWNERSHIP UNDER 37 C.F. R. § 3.73(b)

Xerox Corporation, owner by assignment of U.S. Patent No. 6,002,507, in the assignment recorded in the U.S. Patent and Trademark Office on 12/1/1998, Reel 9619, Frame 422-423, hereby consents to the filing of the present application for the reissue of U.S. Patent No. 6,002,507. The undersigned is empowered to sign this statement on behalf of Xerox Corporation.

Respectfully submitted,



Eugene O. Palazzo
Associate General Patent Counsel
Xerox Corporation
Registration No. 20,881

1001456 "ESTD 1940"

ADDITIONAL PATENTEES:

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